U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
NOCE TO THE PROPERTY OF THE PR	LY BEFORE PREPARING THIS REPORT.	
E CIMS IV		
1. File Number U - 15069	2. Fiscal Year Covered From:	
	1 / 1 / 04 Through: 12 / 31 / 2204	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name DAVID J MORTUN	Name UNITE HERE LUCAL 74	
	Labor Organization File Number 528538	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 103	
Street 735 CHEYRON	Street 4433 Woodsol RO	
City ST LOUIS	City ST Louis Page	
State M.D. ZIP Code + 4 63125	State Mo. ZIP Code +4 631343713	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
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P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City	Shift of mark to the little or derive of wavegroung over a gas to take	
State ZIP Code + 4	**************************************	
Sign	iature ·	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable per alties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Thousand	On 8-15-05 314-487-0888	

Name of Person Filing	File Nu	mber U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and the same of th
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of su	ch dealing.
City	12.a. Nature of interest held or inc	and the second s
State ZIP Code + 4		
	The second section of the second seco	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment,	. Publication and the state of
(including trade name, if any).  Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of person filing: David Morton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your laborgorganization represents or is actively any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely speking to represent, or firectiv to, or otherwise
8. Name and address of Business (including trade name, if any).  Name UNITEHERE Local 74  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 103  Street 4433 Woodson Rd.  City St. Louis  State MO ZIP Code + 4 631343713	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer  11.a. Nature of such dealing.
Name UNITEHERE Local 74 Pension Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 12160 Natural Bridge Rd.  City Bridgeton  State MO ZIP Code + 4 630444079	Convention: International Foundation of Employee Benefits #0401 New Orleans - 12/1 - 12/4/04 Airline tickets, Hotel expense, daily expense  11.b. Approximate dollar value of such dealing. \$1,895.45  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	
	Part of the state

Name of person filing: David Morton	File Number U-	
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name UNITEHERE Local 74 Pension Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Convention: International Foundation Employee Benefits #0501 Hawaii - 11/13 - 11/16/05 Registration & Hotel deposit	on of
Street 12160 Natural Bridge Rd.	11.b. Approximate dollar value of such dealing. \$1,3	10.00
Chy Bridgeton	12.a. Nature of interest held or income received.	
City         Bridgeton           State         MO           ZIP Code + 4 630444079	12.a. Nature of interest held or income received.	
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State MO ZIP Code + 4 630444079  C. Recoived from any employer (other than an employer covered under	12.b. Amount.	
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